

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1. a. Whether there should be reimbursement of \$264.00 for dates of service, 8/08/01, 2/14/02 and 2/20/02.
- b. The request was received on 8/12/02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60 and Letter Requesting Dispute Resolution
  - b. HCFA(s)
  - c. EOB/TWCC 62 forms/Medical Audit summary
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
  - a. TWCC 60 and Response to a Request for Dispute Resolution
  - b. HCFA(s)
  - c. Medical Audit summary/EOB/TWCC 62 form
  - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 09/20/02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 9/23/02. The response from the insurance carrier was received in the Division on 10/07/02. The insurance carrier's response is timely.
4. Notice of Additional Information Submitted by Requestor is reflected as Exhibit III of the Commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor: Taken from Table of Disputed Services  
"The fluoroscopy was medically necessary when performed in these Stellate Ganglion

Blockades. In these particular injections they are not Global [sic] and per TWCC Advisory 97-01 should be reimbursed separately.”

2. Respondent: Letter dated 10/07/02

“...Regarding the remainder of the services at issue, the Carrier notes nothing within the Requestor’s informational filing which justifies the use of fluoroscopy in this instance...Requestor submits only a vague and generalized justification for the procedure, which does not indicate why the injections at issue in this matter specifically required fluoroscopy. Indeed, a review of the medical records documents neither the necessity nor the proper performance of the fluoroscopy.”

#### **IV. FINDINGS**

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are those commencing on 2/14/02 and extending through 2/20/02. Date of service 8/08/01 will not be reviewed as it was filed not filed timely per Rule 133.307 (d) (1).
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.
3. Per the Requestor’s Table of Disputed Services, the Requestor billed the Carrier \$200.00 for services rendered on the above dates in dispute.
4. Per the Requestor’s Table of Disputed Services, the Carrier paid the Requestor \$0.00 for services rendered on the above dates in dispute.
5. The Carrier’s EOBs deny additional reimbursement as “G INCLUDED IN GLOBAL CHARGE; O DENIAL AFTER RECONSIDERATION”
6. Per the Requestor’s Table of Disputed Services, the amount in dispute is \$176.00 for services rendered on the above dates in dispute.
7. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
2/14/02 2/20/02	76000-27 76000-27	\$100.00 \$100.00	\$0.00 \$0.00	G, O G, O	\$88.00 \$88.00	TWCC Advisory 97-01; CPT Code Descriptor	<p>The carrier denied the disputed services as reflected above.</p> <p>Pursuant to Advisory 97-01, "If a health care provider believes fluoroscopic assistance (fluoroscopy) is medically necessary when performing an injection on a particular patient, and it is not included in the procedure, the provider shall bill the appropriate CPT code for the injection and the appropriate CPT code for the fluoroscopic assistance."</p> <p>CPT Code 76000-27 is not global to any other procedure billed for the dates of service in dispute. Even though a letter of medical necessity is included in the Commission's case file regarding the use of fluoroscopy, it was not documented in the medical records.</p> <p>Therefore, reimbursement <b>is not</b> recommended.</p>
<b>Totals</b>		\$200.00	\$0.00				The Requestor <b>is not</b> entitled to reimbursement.

This Order is hereby issued this 11<sup>th</sup> day of April 2003.

Pat DeVries  
Medical Dispute Resolution Officer  
Medical Review Division

PD/pd